2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# F02000006380

Entity Name: PLASTIC CARD SYSTEMS, INC.

Current Principal Place of Business:

31 PIERCE ST.
NORTHBORO, MA 01532

New Principal Place of Business:

Current Mailing Address:

31 PIERCE ST.
NORTHBORO, MA 01532

New Mailing Address:

FEI Number: 04-2976003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAVO, MARIO
8001 SW 134TH AVE.
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIO BRAVO

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDST ( ) Delete
Name: AXLINE, ROBERT CEO
Address: 31 PIERCE ST.
City-St-Zip: NORTHBORO, MA 01532

Title: PD ( ) Delete
Name: AXLINE, DONALD PRESIDE
Address: 31 PIERCE ST.
City-St-Zip: NORTHBORO, MA 01532

Title: VD ( ) Delete
Name: KLINE, PETER VP
Address: 31 PIERCE ST.
City-St-Zip: NORTHBORO, MA 01532

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: AXLINE, JEAN E SECRETA
Address: 31 PIERCE ST.
City-St-Zip: NORTHBORO, MA 01532

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. AXLINE CDST 10/22/2007

Electronic Signature of Signing Officer or Director — Date